

Mapping Obstetrics Gynaecology workforce in the Pacific Islands (MOGPI)

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Collaboration

- Pacific Society for Reproductive Health
- Pacific Women's Health Research, Department of Obstetrics & Gynaecology, South Auckland Clinical Campus, University of Auckland
- Fiji National University
- University of Papua New Guinea

- Funded by *Send Hope Not Flowers* Charity



Workforce, workforce and workforce

- Is there a shortage of obstetricians-gynaecologists (O&G) in the Pacific region?
- What are the characteristics of the O&G workforce?
- What are their skills and are they addressing population need?
- What are their learning needs and what support do they need?
- What policies in capacity building should be in workforce planning?



Methods

- The count: number and contact details of O&G specialists obtained via Fiji and PNG O&G Societies and PSRH database.
- Those with known email and Facebook addresses recruited by email and messenger
- On receipt of willingness to participate, participants were emailed the consent form, participant information sheet and online survey link.
- Survey questions discussed, piloted and designed using Qualtrics
- Analysis using Qualtrics and descriptive
- Auckland University Human Participants Ethics Committee Number: 018255



Definitions

- Only specialists working in the Pacific Islands
- Excluded deceased, retired and those working/ training overseas by Feb 2017
- Specialists are medical graduates
 - Recognised by a Pacific Country as a specialist
 - Has a Masters in Obstetrics and Gynaecology from the Fiji National University or the University of Papua New Guinea



Results

- As of Jan 2017, 96 specialists working in the Pacific Islands
- 48 Papua New Guinea
- 24 Fiji
- 5 Solomon Islands
- 4 Samoa
- 4 Tonga
- 4 Vanuatu
- 3 American Samoa
- 2 Federated States of Micronesia
- 1 Cook Islands
- 1 Kiribati
- 1 Palau
- 1 Marshal Islands
- 0 Tuvalu
- 0 Nauru
- 0 Niue
- 0 Tokelau

Countries	Number O&G	Women Pop >14yo	Ratio	Best Ratio	Ratio/10,000 women
Cook Islands	1	4,410	4,410	1	2.27
Palau	1	5,203	5,203	2	1.92
Tonga	4	24,727	6,182	3	1.62
American Samoa	3	18,816	6,272	4	1.59
Fiji	24	320,400	13,350	5	0.75
Samoa	4	57,587	14,397	6	0.69
FSM	2	33,351	16,676	7	0.60
Marshall Is	1	16,785	16,785	8	0.60
Vanuatu	4	79,627	19,907	9	0.50
Solomon Is	5	166,779	33,356	10	0.30
Kiribati	1	35,574	35,574	11	0.28
PNG	46	2,252,898	48,976	12	0.20
Tuvalu	0	3,234			
Nauru	0	3,116			
Niue	0	470			
Tokelau	0	352			
New Zealand	294	1,880,000	6,394		0.78

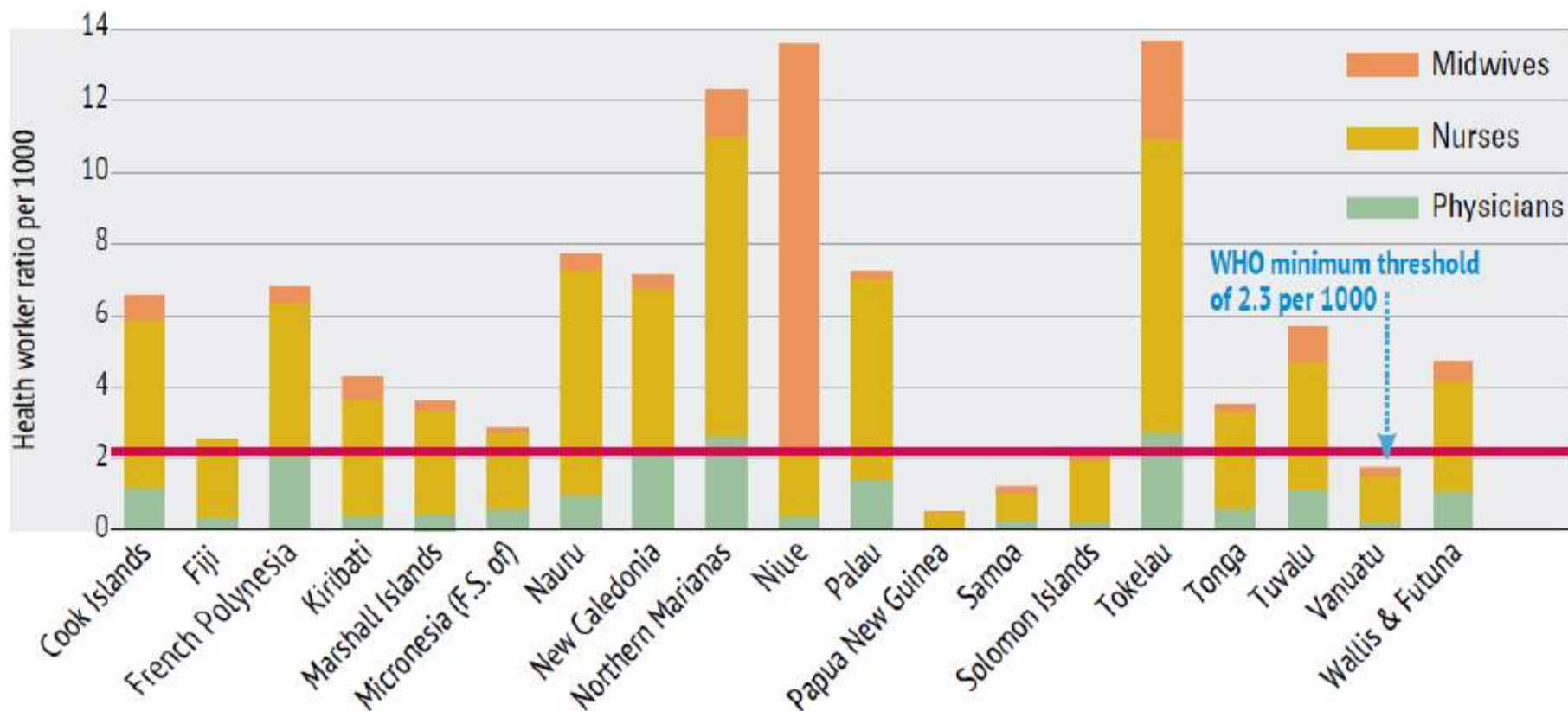
Gender

- Male 62 (64.6%)
- Female 34 (35.4%)



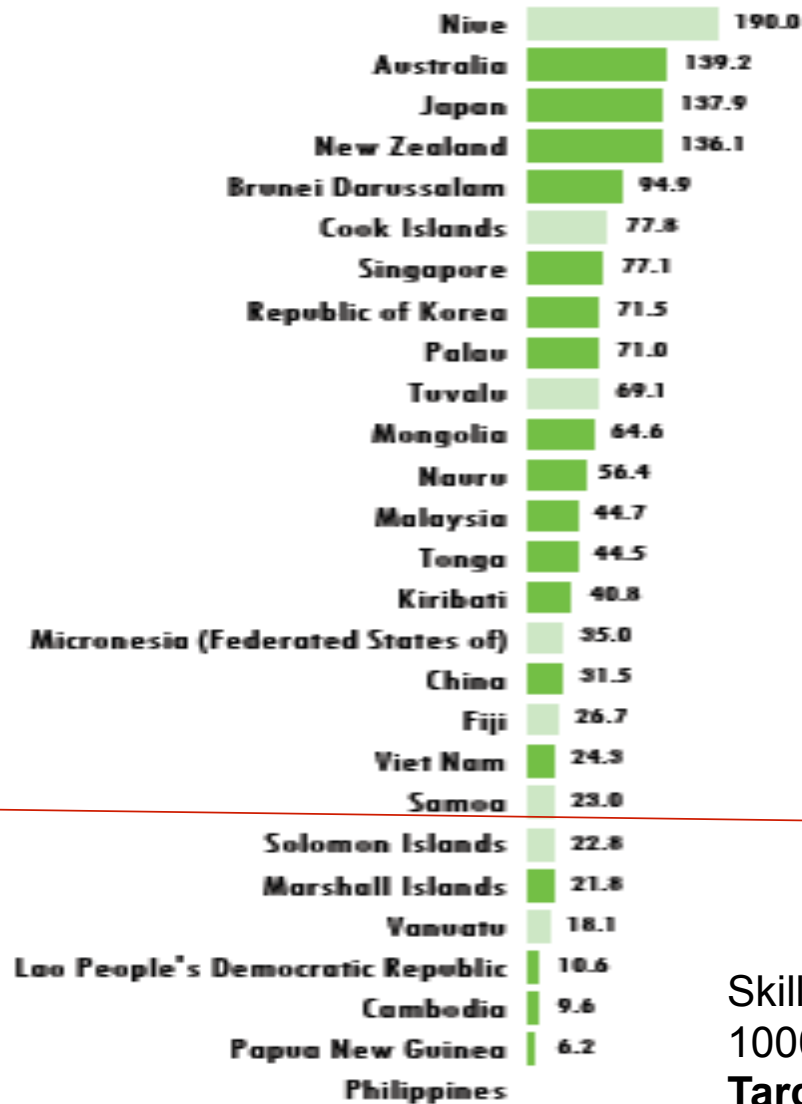
Broad-based and balanced training

Figure 13. Health workforce (doctors, nurses and midwives) per 1000 population in Pacific countries



Source: Updates data from WHO Country Health Information Profiles and Country Human Resources for Health Profiles, 2012–2013, where available.

WPR



Skilled Health professionals density per 10000 population 2005-2013
Target 23/10000



Specialist Training

- Over the last 15 years, average six graduates per year from the two training institutions
 - Fiji National University - 35
 - University of Papua New Guinea - 47
- The number trained is not adequate for replacement and growth.

Deficit

- Assume policy of one specialist per 14,000 adult women, and 3 specialists per main hospital, then the specialist deficit is:

Country	Current	1/14,000 or 3	Deficit
Papua New Guinea	46	160	114
Solomon Islands	5	12	7
Kiribati	1	3	2
Palau	1	3	2
Cook Islands	1	3	2
FSM	2	3	1
Marshall Islands	1	3	2
Vanuatu	4	6	2
Nauru/Tuvalu/Niue	0	?	?
Total			132

Discussion

- What should be the ratio of O&G specialist to 10,000 women in the Pacific Islands?
- Depends on:
 - service demand
 - population need
 - number of referral hospitals
 - policy on task shifting



MOGPI Survey

- Sample
 - 52/96 (54.7%) invited by email
 - 46/52 (88.5%) started the survey
 - 31/46 (72.1%) completed

- Not all questions were answered



Number of respondents by country

- 10 Fiji
- 9 Papua New Guinea
- 2 each Samoa, Vanuatu, American Samoa
- 1 each Tonga, Federated States of Micronesia,
- 1 each Solomon Is, Cook Islands, Palau



Respondents gender and qualification

- Gender Survey

- Male 14
- Female 17

- Masters in O&G

- UPNG 10
- FNU 16
- (Other 5)

Can you conduct a consultation in languages other than English?	N (%)
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No	6 (13)
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Yes, please specify which language or languages.	39 (87)
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Total	45 (100)
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Scope of your practice (Select one)

Question	Don't Perform N (%)	Would like further training	Perform but not confident	Perform with confidence	Total
Ultrasound scanning	1 (2)	12 (27)	16 (36)	16 (36)	45
Colposcopy	8 (18)	6 (13)	6 (13)	25 (56)	45
Staging for a 20cm suspected ovarian cancer	1 (2)	7 (16)	13 (30)	23 (52)	44
Hysterectomy for a 20cm fibroid uterus	1 (2)	6 (14)	4 (9)	33 (75)	44
Vaginal hysterectomy	6 (14)	17 (39)	12 (27)	9 (21)	44
4th degree anal sphincter tear	1 (2)	6 (14)	7 (16)	30 (68)	44

Scope of your practice (Select one)

Question	Don't Perform N (%)	Would like further training	Perform but not confident	Perform with confidence	Total
Laparoscopic treatment of ectopic pregnancies	24 (55)	18 (41)	1 (2)	1 (2)	44
Caesarean section for anterior placenta praevia	1 (2)	1 (2)	2 (4)	41 (91)	45

Are you employed by your government/public service as an O&G specialist?

N (%)

Yes	39 (87)
No	6 (13)
Total	45 (100)

Countries	Salary (NZD1,000)
Palau	138
American Samoa	120
Locum	94
FSM	66
Cook Islands	65
Fiji	50
Samoa	40
Solomon Is	37
Papua New Guinea	30
Vanuatu	30
Tonga	26
Kiribati	17

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Salary

\$0 to \$150,000+ per annum



Location

Australia (235)

- Victoria (85)
- Queensland (52)
- New South Wales (35)
- Western Australia (18)
- Northern Territory (10)
- Australian Capital Territory (5)
- South Australia (5)
- Tasmania (2)

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It is an observation that those with other sources of income are most likely to stay in their country.

Do you have another source of income outside of your government employment?	N (%)
Yes	7 (16)
No	36 (84)
Total	43 (100)

Are you a member of a national O&G Society e.g. FOGS, PNGO&GS?

N (%)

Yes

33 (75)

No

11 (25)

Total

44 (100)

Do you subscribe to a Continuous Professional Development (CPD) programme e.g. RANZCOG?

N (%)

Yes, please specify which one/s:

29 (66)

No

15 (34)

Total

44 (100)

With respect to your government or public service position, how often would you be on call (on average)?

Answer	N (%)
Don't do calls	1 (2.6)
About once a week	3 (7.9)
About twice a week	6 (15.8)
About three times a week	9 (23.7)
About four times a week	4 (10.5)
About five times a week	0 (0.0)
About six times a week	1 (2.6)
Everyday	6 (15.8)
Other, please explain	8 (21.1)
Total	36 (100)

How often is on call (on average)?

Other, please explain

About 2-3 times a week depending on number of available consultants

We take Ob-Gyn prn calls plus Emergency Calls at ER

Everyday if no locum or other Cubans

Twice a month call. we cover emergency calls also

Second on call

Occasionally receive a consultation from rural midwives.

weekly twice in a month if im not alone otherwise everyday

including a weekend on-call (24 hours Saturday and Sunday) each month

When you're on call for your government position, how often do you actually get called into hospital on average?

Field	Min	Max	Mean	SD	Variance	Count
Number of calls per 24 hour period	1.0	10.0	4.0	2.9	8.6	34

How many hours do you perform clinical work per week for your government/public service position?
Please exclude on-call hours.

Field	Min	Max	Mean	SD	Variance	Count
Number of non-call hours worked per week	23.0	80.0	45.7	15.0	223.6	32

If you could change your contract, how many hours would you prefer to work per week?

Field	Min	Max	Mean	SD	Variance	Count
Number of hours preferred per week	23.0	69.0	36.9	10.6	112.3	30

Do you intend practicing in 5 year's time (either public or private)?	N (%)
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Yes	31 (97)
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No	1 (3)
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Total	32 (100)
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Are there NON-SPECIALIST DOCTORS in your hospital performing the following procedures independently or under supervision?	Don't know N (%)	Yes, independently N (%)	No N (%)	Total
Caesarean section	0	7 (24)	22 (76)	29
Instrumental deliveries	0	2 (7)	26 (93)	28
3rd and 4th degree vaginal tears	0	1 (4)	28 (97)	29
Tubal ligation	0	8 (27)	22 (73)	30
Insertion of Jadelle	0	22 (73)	8 (27)	30
Insertion of IUCDs	1 (3)	22 (65)	11 (32)	34
Cervical biopsies	0	6 (19)	25 (81)	31
Dilatation and curettage	0	7 (23)	23 (77)	30
Evacuation of retained products	0	10 (32)	21 (68)	31
Colposcopy	0	3 (8)	34 (92)	37
Other	9 (26)	4 (11)	22 (63)	35

Cont... NON-SPECIALIST DOCTORS in your hospital performing other procedures independently or under supervision?

Exploratory Laparotomy

Salpingectomy for ectopic pregnancy

LLETZ (– treatment for abnormal cervical smears)

Subtotal hysterectomy

Induction of labour

Are there MIDWIVES/NURSES in your hospital performing the following procedures independently or under supervision?	Don't know N (%)	Yes, independently N (%)	No N (%)	Total
Caesarean section	0	0	37	37
Instrumental deliveries	0	10 (28)	26 (72)	36
3rd and 4th degree vaginal tears	0	0	30	30
Tubal ligation	0	0	37	37
Insertion of Jadelle	1 (3)	29 (85)	4 (12)	34
Insertion of IUCDs	2 (6)	26 (74)	7 (20)	35
Cervical biopsies	0	0	35	35
Dilatation and curettage	0	0	36	36
Evacuation of retained products	0	2 (6)	34 (94)	36
Colposcopy	0	0	37	37
Other	7 (19)	3 (8)	26 (72)	36

Are there MIDWIVES/NURSES in your hospital performing the following procedures independently or under supervision?

Vaginal Breech Delivery

Visual Inspection with Acetic Acid

Administration of Methotrexate for molar pregnancy & choriocarcinoma - without supervision

Large Loop Excision of Transformation Zone

Manual Removal of Placenta

Augmentation of labour

Question	Min	Max	Mean	SD	Variance	Count
How many O&G specialists work in your hospital?	1	9	3.7	2.3	5.1	36
How many O&G registrars work in your department?	0	10	5.2	3.7	13.9	33
How many students (including interns and house officers) did you supervise/co-supervise in the last year?	1	10	8.4	2.7	7.0	33

Question	Min	Max	Mean	SD	Variance	Count
How many paediatricians are there working in your hospital?	1	10	4.0	2.9	8.5	33
How many anaesthetists are there working in your hospital?	0	10	3.7	3.0	9.0	32
How many general surgeons are there working in your hospital?	1	10	4.4	3.1	9.5	36

What is the catchment population your hospital serves?

Population	Number of responses
0-50,000	12
50,001-100,000	4
100,001-150,000	3
150,001-200,000	3
200,001-250,000	1
250,001-300,000	3
300,001-350,000	1
350,001-400,000	2
450,001-500,000	3
>550,001	2

How many births/deliveries occurred in your hospital in the last year?

Number of births	Number of respondents
0-1,000	3
1,001-2,000	5
2,001-3,000	7
3,001-4,000	4
4,001-5,000	3
5,001-6,000	2
6,001-7,000	
7,001-8,000	
8,001-9,000	4
9,001-10,000	
>10,001	5

What is your hospital's caesarean section rate?

Field	Minimum	Maximum	Mean	Std Deviation	Variance	Count
Rate per 100 births	0.0	27.0	12.1	6.6	43.7	34

How many days of annual leave did you take in the last 12 months?

Field	Minimum	Maximum	Mean	Std Deviation	Variance	Count
Number of days	5.0	92.0	24.4	16.1	257.7	32

If you took leave in the last 12 months, was any of it covered by an outside locum?

Answer	N (%)
Yes	7 (18.9)
No	30 (81.1)
Total	37 (100)

How do you think the government can encourage specialists to work in hospitals outside the main centre (e.g. rural allowance, house)?

Rural incentives

Accommodation

Provision of facilities and better equipments

Rural Allowance – hardship allowance, book allowance, school fees (international schools), resettlement and equipment

Education opportunities

Not cost effective – stay in main hospital

Leave – annual for 4 weeks instead of 6 weeks every 2 years; conference leave

Funding for outreach services

Spousal work transfer

Rotation basis

Car

Do you currently practice private Obstetrics?

Answer	N (%)
Yes	7 (18.9)
No	30 (81.1)
Total	37 (100)

Do you currently practice Private Gynaecology?

Answer	N (%)
Yes	7 (18.9)
No	30 (81.1)
Total	37 (100)

Approximately how many patients do you see in an average month when you were not on leave?

Field	Minimum	Maximum	Mean	Std Deviation	Variance	Count
Number of patients	5.00	60.00	41.9	23.8	565.8	7

If you perform private practice, do you intend practicing in private practice in 5 years time?

Answer	N (%)
Yes	9 (75.0)
No	3 (25.0)
Total	12 (100)

If you are not currently employed by a University, would you consider a career in research and teaching in a University/Academic setting?

Answer	%
Yes	24 (85.7)
No	4 (14.3)
Total	28 (100)

Which institution did you obtain your specialist qualification from?

Answer	N (%)
UPNG	12 (32.4)
FSM/FNU/USP	21 (56.8)
Other, please specify	4 (10.8)
Total	37 (100)

Were you paid a salary during your specialist training?	N (%)
Yes	30 (81)
No	7 (19)
Total	37 (100)

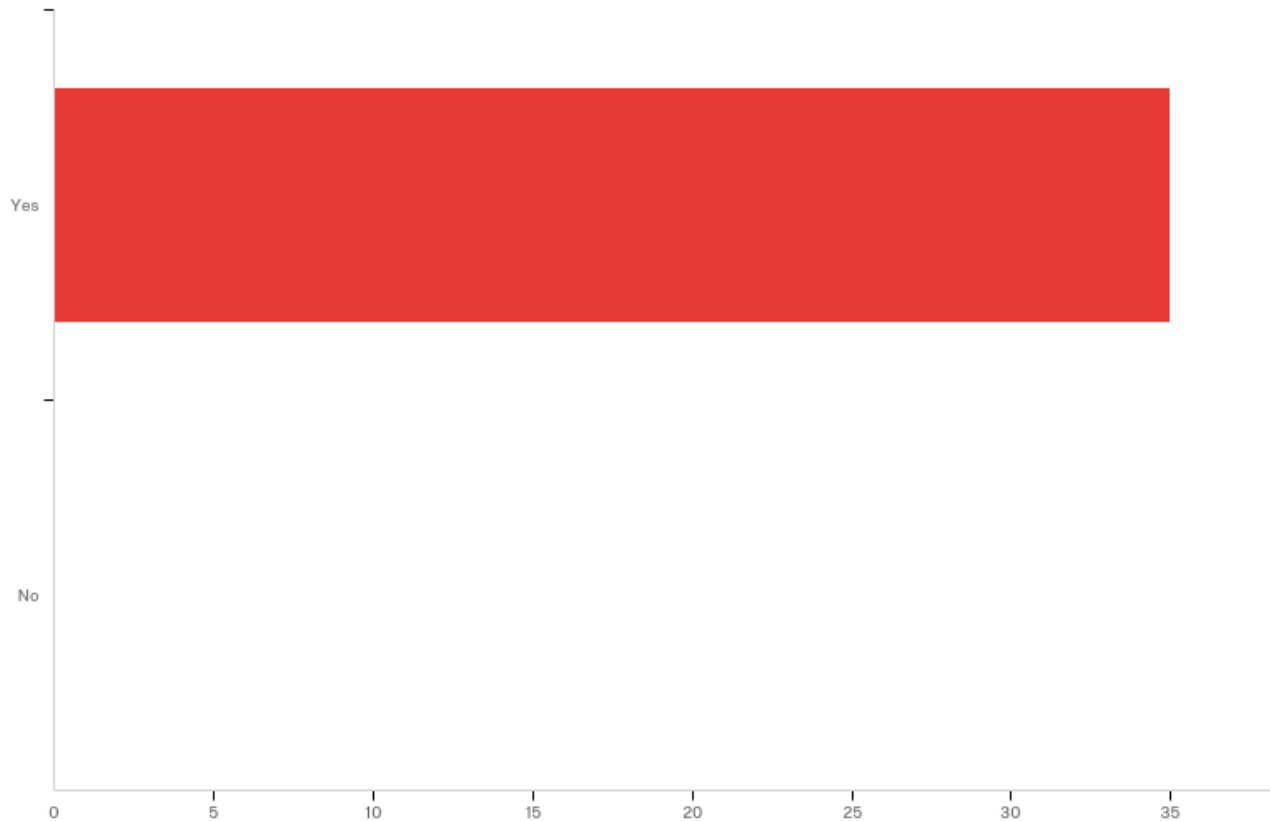
Do you think not being paid during specialist training may be a barrier to training?	N (%)
Yes	4 (57)
No	3 (43)
Total	7 (100)

Did you do part of your specialist training in New Zealand or Australia?	N (%)
Yes	16 (43)
No	21 (57)
Total	37 (100)

Would you recommend that all specialist trainees based in the Pacific should do part of their training in Australia or New Zealand?

Yes 37 (100%)

In your assessment, should there be more O&G specialists in your hospital service?



Can you justify the extra expense for another specialist (please specify, e.g. large workload, unmet need).

Roster - the on call needs to be alternated between two specialists

Workload – increasing

Time to do research, keep up with latest evidence

Frequent oncalls; long number of night shifts

Unmet need of supervision for trainees

Safety

Not enough time - overworking hours when not on-call; not enough time for administration, self-education & research; not enough family time

Pacific doctors are very unstable due to unfavorable working environment so people tend to leave at anytime

Can you justify the extra expense for another specialist (please specify, e...

Currently I practice in a government hospital that depends mainly on O&G specialist for delivering outpatient and inpatient care. Developing midwifery will be another costly move but it will be a future investment for the hospital. With the current NCD epidemic in the world today, majority of our female population are in the high risk category. This alone carries the biggest burden and justify the need for another specialist for our team. Although the number of our deliveries is less comparing to other Pacific islands but the burden of NCD has taken its toll in the women population as well.

Mainly for visiting rural health facilities and teaching of health workers there as well as doing awareness and educational programs

Can you justify the extra expense for another specialist (please specify, e...

Large work load and when I was doing OBGYN for 16 years I was the only doctor and on call every day which was tiring and could effect on performance.

Large workload, teaching of students at ..., teaching of midwives, post graduate registrars, increase in delivery rate

We have a large obstetric and gynecology workload that need more specialists to do. There is a lot of unmet need in O&G services in my hospital

Can you justify the extra expense for another specialist (please specify, e...

Overwhelming workload

Workload, teaching, supervising, mentoring interns, and outreach services

Unmet needs such as decentralization of specialist services to peripheral hospitals

Cervical cancer is a major concern and those interested in subspecializing in this area should be encouraged especially in Port Moresby.

Yes, the case load and complexity necessitates another specialist in order to provide quality care all around. Current numbers allow us to only provide quantity care but with limited quality because of the need to work quickly to process the patient load.

Large workload

What are the barriers, if any, to more doctors taking up O&G specialist training?

Working hours and stressful nature of work involved.

One barrier is not having enough senior posts (e,g consultant posts). There are many people with Masters qualification but are not contracted on posts much lesser than consultants.

Attitude of current staff amongst each other to medical students and interns and even trainees when rotating through our department.

Work load

Funding for training

Longer than most other disciplines; too hectic; very demanding service limiting study hours; same salary as other specialties that are less demanding especially when on-call,ie,more work for equal pay



Conclusions

- O&G specialists need training and support
 - Ramp up continuous professional development initiatives
- There is a need to increase capacity in postgraduate training courses in O&G
- Address unmet need of populations as a matter of urgency and priority
 - By developing policies and guidelines in task-sharing and task-shifting
 - Which equates to increased support for training of nurses, midwives and different cadres of health workers